



Notice of Intent

To Continue/Obtain Coverage Under the Statewide General Permit for Biosolids Management

A **Notice of Intent** form is required in order to obtain or continue coverage under the state biosolids permit program (see WAC 173-308-310). When submitted as required by rule, this form can secure initial provisional approval for the applicant, continue a previously existing provisional approval, or continue a previously existing final approval of coverage. Most sewage treatment plants fall under the state permit program and must submit this form. Complete and submit this form to the address on the bottom of this page in a timely manner as prescribed in WAC 173-308-310(4). For more information, see our web site at <http://www.ecy.wa.gov/programs/swfa/biosolids/index.html>.

1. Facility Name: _____
2. Facility Address: _____
Street City State Zip Code
3. Mailing Address: _____
Street/P.O. Box City State Zip Code
4. Operator's Name: _____
5. Operator's Business: _____
Address Street City State Zip Code
6. Operator's Phone: (_____) _____ Fax(_____) _____
7. Ownership Status:
Name of Legal Owner: _____
(Check One) _____ Federal _____ State _____ Local _____ Private _____ Other
8. On additional sheets of paper please provide the following information:
 - A. A list of sites where your facility treats, stores, applies, or disposes of biosolids, including county & state.
 - B. A *brief* description of your activities at each location above.
 - C. A list of any permits issued, including solid waste permits, for each of the locations above.
 - D. The wet-weather design flow capacity of your facility, in millions of gallons per day.
 - E. The expiration date of your current NPDES or State Waste Discharge permit, or if expired, the date on which your application for permit renewal is or was due.

Certification of Statement

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Signature of Legal Representative _____
(Important: see WAC 173-308-310(8))

Date _____

Send the complete form to →
and also to the appropriate local health
department(s) and regional Ecology
office(s) as directed in WAC 173-308-310(7).

Washington State Department of Ecology
Solid Waste & Financial Assistance Program
PO Box 47600
Olympia, WA 98504-7600
Attn: Biosolids Coordinator